THIS NUMBER BEGINS THE NEW VOLUME.

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PHILADELPHIA MEDICAL TIMES.

A BI-WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY HORATIO C. WOOD, M.D.

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OCTOBER 12, 1878.

CONTENTS.

ORIGINAL COMMUNICATIONS:

"WHO IS TO BLAME?" By W. R. D. BLACKWOOD, M.D. 1

THE CAUSES OF ELEPHANTIASIS—A NEW TINEA. By C. A. SIEGFRIED, M.D., U.S.N. . 4

TRACHEOTOMY AND THYROTOMY FOR REMOVAL OF TUMOR OF THE LARYNX. By J. E. GARRETSON, M.D. 5

NOTE ON SPRAIN-FRACTURES. By GEORGE CALLENDER, F.R.S. 6

NOTES OF HOSPITAL PRACTICE:

ALLGEMEINES KRANKENHAUS, WIEN—Service of Dr. ALOIS MONTI: Eczema Capitis Impetiginosum—Eczema Capitis e Pediculi—Eczema Capitis Rubrum—Blennorrhœa Vulvæ in Children . 7

TRANSLATIONS:

Gangrene as a Sequela of Typhoid Fever—Purpura Hæmorrhagica without Purpuric Patches upon the Skin and simulating Typhoid Fever—Electro-Puncture in Hydrocele—Cause of Sudden Death from Burns 8

EDITORIAL:

JOHNS HOPKINS UNIVERSITY . . . 10

LEADING ARTICLES:

SALICYLIC ACID.—II. 12

CORRESPONDENCE:

LONDON LETTER 13

PROCEEDINGS OF SOCIETIES:

PHILADELPHIA COUNTY MEDICAL SOCIETY 16

PATHOLOGICAL SOCIETY OF PHILADELPHIA: Mechanical Microtome—Neuralgic Tumor of the Skin 19

AMERICAN GYNÆCOLOGICAL SOCIETY . 20

REVIEWS AND BOOK NOTICES:

Deterioration and Race Education. By Samuel Royce 22

GLEANINGS FROM EXCHANGES:

Goitre and the Hemorrhagic Tendency—Case of Foreign Body in the Bladder—Neuro-Retinitis from Inflammation of the Dura Mater—High Temperature before and after Death from Yellow Fever—Death from Vomiting during Ether Anæsthesia . . 22, 23

MISCELLANY:

Dr. Carl Warburg—The Largest Plant in the World—Diagnosis of Thoracic Aneurism—etc. . . . 23

NOTES AND QUERIES:

Treatment of Diphtheria 24
Levis's Extension Apparatus 24

ARMY NEWS:

Official Changes from September 22 to October 5, 1878 24

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TRACHEOTOMY AND THYROTOMY FOR REMOVAL OF TUMOR OF THE LARYNX. By J. E. Garretson, M.D. 5

NOTE ON SPRAIN-FRACTURES. By George Callender, F.R.S. 6

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PHILADELPHIA, OCTOBER 12, 1878.

ORIGINAL COMMUNICATIONS.

"WHO IS TO BLAME?"

BY W. R. D. BLACKWOOD, M.D.,
Philadelphia.

(Read before the Philadelphia County Medical Society at a Conversational Meeting held September 11, 1878.)

IN many instances the medical attendant of a family is applied to to discover the cause of sterility, and, if possible, bring relief. Can we do anything in the way of relief? Undoubtedly we can; frequently we do. The question here arises, Do we always do the best in our power? and the answer, we fear, sometimes must be, We do not. Why? Simply because, in attempting to remedy the defect, too frequently attention is concentrated upon a part only of the mechanism involved. Take the history of such cases, and what do we find? It depends largely upon the taste and inclination of the family physician what course is pursued. Sometimes medical means are employed: the lady is ordered change of air and scene; she goes on an ocean voyage, or perhaps only to the sea-shore. She may again resort to the mountains, to various mineral spas, or the water of these, with tonics and diet, be ordered at home. Again, the surgical course may be adopted, if her attendant be progressive and an aspirant for gynæcological fame. In this event a siege is probably instituted, which, if persevered in, sometimes succeeds, but frequently results only in reducing the health and spirits of the unfortunate patient. The variety of causes suggested as productive of sterility, and the number of operations proposed for the relief of these abnormalities, are only equalled by the number and variety of instruments which have been invented, modified, and improved upon for the performance of these operations. For some years past I have kept account of the armament as embodied in new and old suggestions, together with the author's pet surgical tools (for all writers have instruments of their own devising, as they suppose, though hundreds of them existed in years long gone by), and the list is one tremendous to contemplate. The abnormal condition of the organs concerned, the versions, the flexions, the strictures, the irritabilities, the inflammations, which are brought to light by dozens of different specula,—only one of which is worth possessing, according to the authority consulted,—and which are rectified by hundreds of pessaries of every imaginable shape and material, with probing, scarifying, stretching, dilating, incising, cauterizing, and amputating, are marvellous, considering how much of this trouble existed without the knowledge of the patient before the doctor got hold of her, and also how little of improvement there too often is after he gets through his list of operations. That good is accomplished now and then through surgical means is admitted; it cannot be denied. In my own practice, some years ago, two cases of sterility were successfully treated by dilatation of the cervix uteri through the medium of Peaslee's bougies, and since that time other cases have been relieved,—Ellinger's dilator being substituted as being not only more convenient, but because the dilating force is thereby applied laterally, and proportionally to the power applied; whereas in the case of the sound or bougie the pressure, being transmitted through a boring instrument, is to a great extent lost in merely pushing the uterus upward. The first two cases had been under the care of gentlemen who did not recognize the condition of the uterus, and who endeavored by medical means to relieve them, and failed. Family physicians, however, meet disease under many phases and which have been handled in many diverse ways. Cases often present themselves after having abandoned the care of another physician, and he may have been a specialist in the particular department in which the case is classed. Just such cases as are now under consideration frequently come into the hands of the family attendant totally unrelieved; and if there be a reason for this failure, what is that reason?

It is conceded in logic that if our premises are wrong the deductions and conclusions are valueless and must be abandoned. It is to be feared that in the topic under consideration the premises themselves are not so frequently wrong, as that the wrong premises are too frequently invaded. The results in such cases are disastrous to the patient and doctor alike. Do we, when called on to check persistent

vomiting, attack the stomach invariably as the offending organ? or do we not inquire into the condition of other viscera, the uterus, or liver, and the brain? Do we, when pain is referred to a definite locality, address our remedies to that point alone, or do we not consider upon the possibility of its being reflex in nature and therefore to be combated in a manner appropriate to its cause? That equal care in diagnosing supposed uterine complaints is not always shown, let one or two examples illustrate.

Mr. Blank consulted me three years after marriage as to the health of his wife, with special reference to the possibility of an addition to the family, such an event being mutually desired, but improbable, from information received through professional sources. Willingly submitting to a physical examination, I found the lady apparently in good health, the menstrual function alone excepted. She had always suffered from dysmenorrhœa. Here was ground for conjecture; and by the advice of her family physician she had, a year after marriage, consented to undergo treatment by a specialist, who stated this as the sole obstacle to conception. This gentleman, who deservedly holds a prominent reputation, took charge of her case, and for ten months she submitted to a series of operations productive of no good result whatever. She became disheartened and declined further treatment. Learning this much of her history, before going further I inquired into the history of the husband, whose health was apparently good. He admitted, when pressed, several attacks of gonorrhœa in earlier days, and also admitting a sound into his urethra a breakwater was encountered two inches from the meatus, and another four inches farther on. These passed, navigation was uninterrupted. He, of course, had difficulty in urinating, and after proper explanation submitted to dilatation of the strictures. Eleven months after curing the gentleman the imaginary cervical stricture of his estimable wife was thoroughly dilated by a fine boy, who is to-day well and growing nicely.

Mr. Blank No. 2 consulted me as his predecessor had done, and for similar reasons. Mrs. Blank had been under the care of an eminent New York specialist, and underwent a course of treatment very much similar to that in the preceding example. Twelve months of such treatment had only rendered her hysterical and miserable. Knowing her husband pretty well as a wild fellow-staff-officer during the war, and remembering his devotion to the shrine of Venus in the past, I learned, on inquiry, that he still kept a mistress, and paid her assiduous attention. The simple truth was that his stamina was exhausted to such an extent that neither his wife nor mistress ran any danger of impregnation from any effort of his. Microscopic examination demonstrated the presence of spermatozoa, but they were few and far between, and lazy and indolent as their author. I explained the matter to him, and advised what should be done. His comment upon my opinion was short: "I thought the women were always to blame, but that peep-show says it's me! That's too thin! Take something to drink." I assured him the tenuity applied only to himself, and like a good, sensible fellow he gave in. His mistress lost her situation, and he held out faithfully against temptation for a year, as I demanded. I put him on a rigid system of treatment, and his wife was ordered an occasional placebo. When authorized to renew marital rites, he was a new man, and his efforts were successful. The spirits of his wife had returned, and the little girl is the picture of her mother.

Mr. Blank No. 3 consulted me as did the others. Mrs. Blank had given up hope, for she had undergone treatment for a real or supposed uterine ailment before becoming my patient, and no improvement was apparent. Her case was somewhat simpler in its nature, as was likely that of her medical attendant, a good old man who had secluded himself in a beautiful village in our State, far removed from the revolutionary theories of our city confrères. For the relief of a leucorrhœa he had interdicted sexual intercourse for two weeks succeeding menstruation, declaring that with her such relations were unclean, provocative of womb troubles, and causing discharges (what kind not stated) in the male. Her ideas on this subject were firmly fixed from the reverence entertained for her medical adviser, whose duration in practice was truly extensive, even if his physiological ideas were peculiar. I assured her that all trouble could be avoided, and put her upon elixir of calisaya internally, and ordered local application of rose-water as a vaginal purifier. After

prosecuting this heroic method for a couple of months, I induced the parties to put into operation what had so terrified them previously, namely, copulation directly after the close of menstruation, without any more serious result than the complete stoppage of that function for a period of twenty-two months, during which interregnum, after nine of the periods had elapsed, "a regular stunner," as the fond father termed it, made its appearance. The rest of the monthly non-appearances were due to the usual nursing of the little phenomenon. Through the peculiar notions of a country physician, this family had been put to great expense in obtaining the services of a gynæcological practitioner from a distance, who to his credit, after treating her for some months, stated his inability to promise any improvement. He was doubtless ignorant of the suggestions of the family attendant, but he should have pushed his inquiries further, and got the full history before they came to reside in this city.

Mr. Blank No. 4 consulted me with reference to the failure of his wife to make home happy by the presentation of the usual appendix to the honeymoon. She had been under the charge of a homœopathic dispenser, and by reason of ingesting numerous kinds of globules, with frequent doses, she promised in time to accumulate a quantity of medicine susceptible of demonstration ocularly (with possibly the aid of a powerful microscope); for he averred that the remedies all went straight into her womb, and would stay there until she conceived. She became alarmed at the quantity required to produce the desired result, and was doubtful of the ability of that organ to hold it, and communicating her fears to a neighbor, who was a patient of mine, she, like a sensible woman, said her doctor was a good doctor (and all good people think that way); so Mrs. Blank came to me. Here, fortunately, the patient had merely been subjected to medical treatment, if such a phrase be applicable; but the would-be doctor persisted in dieting her to the exclusion of everything she really liked, and she was rapidly becoming anæmic. I examined her carefully; she had no displacement nor flexion, the sound entered without difficulty, and no defect was apparent. I approached her husband, and after considerable reluctance he admitted having trouble himself. Investigation disclosed a bad case of phimosis. The meatus was exceedingly small, and in urinating the stream was projected at a right angle to the long diameter of the penis. Before the escape of any urine the prepuce would swell up like a toy-balloon or a glass-blower's face and neck. The semen was undoubtedly wholly retained until after withdrawal, and the diagnosis in this case was clear. He allowed me to perform circumcision, but he was frightfully anxious that his wife should not discover his defect and charge him with the fault. With, I trust, a pardonable intention to secure domestic harmony, I used the speculum once a week with the lady during her husband's convalescence, at each time causing a little pain purposely, and occasionally drawing a few drops of blood from the cervix with a bistoury, to stain her clothing. On noticing this, she asked if the intention was to get rid of the homœopathic medicines, and was greatly troubled when I replied that it was not. I allayed her apprehensions by suggesting that, having a long way to travel, by a slight error in direction the globules and dilutions had taken the road to the bladder, and not being of service to that viscus, although as a good neighbor doubtless interested in the general welfare, they had thereby been lost. When her husband had recovered confidence in his ability, I authorized any intercourse that might be desirable, and the result was not only a godsend to the parents, but the baby is an object of interest in the neighborhood, being considered as not so much a natural production as a monument to the development of surgical mechanics. This shows how the public may be deceived, and that "there's humbug in all trades but ours."

In offering these examples, the intention is to suggest that the marked conservatism characterizing other departments of surgery for some time past might, to some extent, be with advantage practised in gynæcological cases. As in almost everything else, fashion has crept into medicine, and it has become exceedingly fashionable to need treatment of this kind, and no difficulty is experienced in obtaining it. It is a fashion, moreover, which has done an immensity of harm, as may be seen by frequent examples in every-day practice. Uterine surgery is conspicuously aggressive. The womb is so tolerant of severe handling, and so obtuse when subjected to

operative proceedings, as to encourage a style of treatment which would be undertaken much more carefully in other localities. Obscure and chronic disabilities possess special obliquities when examined by gentlemen confining their practice to special subjects, and as the uterus has been charged with being the root of nearly all troubles incident to woman, the gynæcologist requires, beyond all other specialists, great intelligence, thorough education, large experience, and, above everything else, unbending integrity.

Diseases of the male generative apparatus have as yet attracted attention more particularly to their immediate or primary effect. The capability of these maladies in interfering with procreative ability has not been so carefully weighed as the subject deserves. The cases narrated have been treated within the last ten years, and many similar ones must come under the notice of the profession, as these came along in ordinary practice, without any effort on my part to get them, or leaning towards the treatment of such complaints. Remembering, then, that there are two sides to a question, let us in considering such cases, before instituting treatment, which in the usual routine is always unpleasant, generally painful, and sometimes dangerous to the female, investigate the problem impartially, and if there is anything wrong which needs remedy, in order to prevent unpleasant reflections in the future, it may be, upon the husband, wife, or the doctor, find out accurately what and "who is to blame."

THE CAUSES OF ELEPHANTIASIS —A NEW TINEA.

Extract from a letter addressed to Dr. Ruschenberger

BY C. A. SIEGFRIED, M.D., U.S.N.

Amoy (China), August 3, 1878.

WE are supposed to prevent the coolie trade in American bottoms and patrol this part of the coast of China. Consequently we oscillate between this port and Swatow. We have not yet seen anything to prevent, and swelter in heat and discomfort for nothing. But, being at Amoy so much, time has made me acquainted with Dr. Patrick Manson, the physician of the community. He, in common with Dr. Lewis, of India, and Dr. Bancroft, of Australia, has discovered and made known the existence of the filaria sanguinis hominis. Lewis and Bancroft knew of the parasite perhaps a few months before Manson did, but the latter not only discovered it in the blood of numerous patients, but further investigated and labored, and finally made known the complete life of the parasite. He discovered that the common mosquito is the intermediary host of the filaria sanguinis hominis. This parasite lives or has its habitat in the lymphatic vessels, its presence eventually disordering the functions and preventing the flow of the fluid; hence fulness of the distal vessels, hypertrophy and formation of the elephantoid tissue, a low-grade material, lymph scrotum, chyluria, etc., are effects due to it. I am quite convinced of the truth of these observations of Dr. Manson. I have seen young filaria time and time again in the blood of patients in the Chinese hospital here, and have noted any number of elephantoid and similar cases in connection, and thoroughly believe in it as cause and effect.

By this discovery elephantiasis is preventable. Where the mosquito flourishes most, and where there exists one case, any number of cases may occur. The mosquito gets the young filaria from man. It undergoes one stage of its life or metamorphosis in the mosquito's stomach. It is discharged with the young on water, and in that medium or by it infection occurs. Without the mosquito the filaria sanguinis hominis could not be matured. The adult worm causes the mischief, such as elephantoid disease, chyluria, and lymph scrotum. Innumerable young in the blood cause a condition similar to ague, and which is treated similarly. The adult female worm only has been seen.

Dr. Manson has operated upon elephantiasis scroti ninety odd times, with two fatal cases, the tumors being of all sizes and consistence. He operates skilfully, first cutting down and isolating the testes, then clearing the penis, then taking away the mass with the catlin, dissecting up enough skin before doing so to cover the testes. A large sponge is pressed upon the bleeding surface, and the vessels are taken up and ligatured carefully. A drainage-tube in the form of an inverted U is put in, and catgut sutures are employed. Cotton saturated with carbolated oil is the dressing.

Enclosed I send you a pamphlet account of filaria immites,—the parasite inhabiting the heart of dogs in this country. It

lives in the heart, and disturbs the action of the organ, and sometimes plugs up the pulmonary vessels. The comparative anatomy of the parasite is fully described in the pamphlet, but the full life of it is still unknown, and Dr. Manson is engaged in seeking it.

I would like to present the pamphlet to the Academy of Natural Sciences of Philadelphia, if you will be kind enough to do it. Dr. Leidy would possibly be interested in the matter. Dr. Manson has taken up many insects in hope of finding the intermediary host, but has not yet succeeded.

In the same pamphlet will be found some account of the original investigations and beginnings of Dr. Manson's work on the filaria sanguinis hominis; also an account of the filaria sanguinolenta, another parasite affecting the dog, but other organs and other tissues than the heart.

I consider these discoveries to be of vast interest and importance. The London *Lancet* has given some account of Dr. Manson's efforts from time to time. Dr. Cobbold knew the results from him.

A new variety of tinea is also being distinguished by Dr. Manson. It differs from the T. circinata in every particular, clinically and pathologically. The case is from the Straits settlements, and has been known as a ringworm, the local name given it where it occurs, Burmese ringworm, etc. It affects the skin and produces a condition similar to watered silk, one ring within another, and no part healing as the growth progresses. The epidermis is raised up in flakes, rises, and is detached in larger patches than in T. circinata. Microscopically, the difference consists in there being few spores, much large-sized and long-pointed mycelium. The whole body becomes gradually affected, no part healing as in circinata. Dr. Tilbury Fox, of London, is to be written to in regard to it, and will present the cases and notes for Dr. Manson.

Leprosy is common in this part of China, and thus far no remedy, in the true sense of the word, is known here. It is not considered contagious, and no measures of precaution are taken beyond avoidance of contact. Marriage of lepers is not prevented; and women affected not infrequently beguile men in the common notion of transferring it.

I hope you may get some notion from this of the filaria parasite and the important work done by a physician in busy practice with limited means and poor instruments of research.

*

TRACHEOTOMY AND THYROTOMY FOR REMOVAL OF TUMOR OF THE LARYNX.

BY J. E. GARRETSON, M.D.

PATIENT, a lad from Texas; age, 5 years.

History of case.—When one year old, it was remarked that something was wrong with the throat of the boy. What this something was does not seem to have been decided. At the age of two years, interference with articulation by this something was plainly evident. At three years, this interference had become so marked as to suggest the existence of paralysis of the vocal cords. At three years and a half, respiration became involved, the lad breathing with difficulty. At four years, not only was phonation entirely absent, but respiration was an action of such effort as to prove exhaustive of the strength of the patient. At this period the parents of the boy removing to Fort Worth had the advantage of the opinion and services of Dr. J. E. Beale, one of the best known of Southern surgeons, under whose care the lad remained until by the kind recommendation of that gentleman he was transferred to the writer.

Diagnosis by Dr. Beale.—Tumor of larynx, conjoined with incomplete paralysis of vocal cords.

Laryngoscopic examination.—Throat very small, and of such susceptibility as to render the slightest touch of the mirror provocative of emesis; mucus so abundant as to fill the fauces in a single moment. Patient so timid as to allow of little advantage from the use of artificial illumination.

Depending upon direct light, views caught at rare intervals showed what was apparently an exposed tip of a cauliflower mass thrust from behind or from below the vocal cords. Diagnosis as made by Dr. Beale accepted.

Incident.—A week after arrival of the patient in Philadelphia he was taken sick with quotidian intermittent fever. Treatment, six grains of sulphate of quinia exhibited in the intervals. Cure resulted on the third day.

Tracheotomy.—The impossibility of any satisfactory operation per orem decided the nature of the means of cure practised. Upon the 13th of July tracheotomy was performed; a feature a little out of the ordinary way being a thymus gland of such great size as to render its management a matter of some trouble. Pulse, day after operation, one hundred and fifty to the minute; patient restless and feverish. Treatment.—Atmosphere of room kept moist with tincture of calendula atomized. Bromide of potassium in doses of ten grains,

conjoined with three drops of tincture of veratrum viride, administered each three hours. Iced lemonade allowed freely. Fourth day.—Patient interested in his toys; skin moist and reasonably cool; pulse 90. Sixth day.—Patient playing about the room. Free secretion through tracheal tube; atomizing of calendula continued; wound healing kindly about the canula. At the end of second week after operation the boy was in every respect in his usual health.

Thyrotomy.—Thirteen days after the first operation this second was performed. On opening the larynx,—which was done from the crico-thyroid space upward, after the proper exposure had been made,—the tumor, because of the impaction, literally oozed through into the external wound. Examination of the growth in situ exhibited a papilloma of the cauliflower variety, quite the size of an ordinary Lima bean, filling the whole of the right ventricle, from the sacculus of which it had origin, extending from this into the opposite ventricle, which it as well filled with its fringy border. This cauliflower character of the growth explained the lad's ability to continue respiration under the circumstances of so large a growth in the air-passage.

To remove the tumor, an ordinary polypus forceps was used; the pedicle, which in its breadth continued the likeness to the bean, was twisted out, and the seat of it subsequently thoroughly cauterized by means of the London paste.

The recovery made by the patient was very rapid, the three days and nights of journey required to reach his home being commenced on the twelfth day after the operation.

Before leaving the city the patient could speak in a hoarse whisper, to be heard distinctly at a distance of forty feet. The single sound of the letter C was made in a single instance quite aloud.

The case is now under the professional care of Dr. Beale, who at the proper time will report as to the result. It is assumed that the radical character of extirpation practised insures against the probability of any reappearance of the tumor. There exist no anatomical reasons why an ability to speak shall not come in response to a treatment indicated.

NOTE ON SPRAIN-FRACTURES.

BY GEORGE CALLENDER, F.R.S.;

Surgeon to St. Bartholomew's Hospital.

READING the excellent and practical observations by Dr. Pilcher, of Brooklyn, on the treatment of certain injuries to the wrist-joint, I am induced to ask attention more especially to his remarks respecting the combination of sprain and fracture, illustrated in his paper by a description of certain injuries to the carpal end of the radius and to the adjacent structures.

Although it was not within my scope to refer in full detail to different varieties of such hurts, yet in a paper which I contributed to the Reports of St. Bartholomew's Hospital, vol. vi. p. 51, I ventured to describe as a distinct class of injuries what I there termed "sprain-fractures." The case of the radial fracture referred to by Dr. Pilcher would fall into this category; but the more common fractures of this kind are those in which a portion, often a mere film, of bone is torn away without rending of the ligamentous structures, the bone giving before the tough fibrous tissue yields. There is no joint to which this hurt more often appertains than that of the ankle. The dissection of recent specimens has enabled me to see how, with the internal lateral ligament more especially, a portion of the corresponding malleolus, often thin as a wafer, is not infrequently detached. I know of no sign by which this hurt can be absolutely diagnosed, for there is no crepitus, nor can the detached film of bone be usually felt. It may, however, be assumed that it is generally present in what are termed severe sprains of the inner ankle.

Now, just as I should hold, with Dr. Pilcher, that simple restraint by plaster and early movements are desirable in the combination of sprain and fracture about the wrist, so I should hold that in the sprain-fracture I am referring to, in connection with the ankle, rest and immobility are necessary in order that the broken bone may be duly united. In the case of this hurt it is also necessary that the foot should be kept in position at a right angle with the leg, so that the lateral ligament, with its plate of detached bone, may be accurately re-adapted to the malleolus. If this point is not attended to, the film of bone will rejoin the tibia with a tilt forwards or backwards, and in such cases the ligament will be shortened at one of its ends, with the result of permanently lessening the range of flexion or of extension, as the case may happen to be.

I refer to this illustration for the purpose of asking for greater attention to these "sprain-fractures." They are of common occurrence. They involve various joints.

It is in recognizing the exact details of such injuries, as the author I have named has so well shown in the case of the wrist-joint, that we gain that clinical precision which makes all the difference between loose surgery, uncertain of its results, and exact surgery, which insures good results, or results as little defective as it is possible that they can be.

NOTES OF HOSPITAL PRACTICE.

ALLGEMEINES KRANKENHAUS, WIEN.

SERVICE OF DR. ALOIS MONTI.

Notes by C. W. DULLES, M.D.

ECZEMA CAPITIS IMPETIGINOSUM.

IN infants and quite small children the pustular or impetiginous form of eczema is perhaps the most common. The pustules may be but few and discrete, or they may be many, large, and confluent, until, indeed, the entire scalp is covered with an ulcerated surface. This is most apt to occur in poorly-nourished children, who have little hair, and who live in new, damp, or ill-kept houses. It is not uncommon to find, when eczema has lasted some time, that there is a general infiltration of the lymphatic glands, especially those of the neck; and the brain and nervous system are not rarely in an easily irritable condition. Children with chronic eczema capitis sometimes have convulsions from œdema of the meninges, and die of them.

This should be remembered in treating the disease, and no irritating applications be made. The best plan is to open all the pustules, and apply some simple astringent, such as Goulard's solution, or a powder of oxide of zinc, one part, to four of starch. If the pustules recur, the surface may be washed with a solution of any mild vegetable astringent. Soap should not be used. Then the scalp should be bathed with a solution of corrosive sublimate, one part, to two thousand of water, and anointed with an ointment composed of white precipitate (hydrarg. ammoniat.), one part, to thirty of cold cream.

ECZEMA CAPITIS E PEDICULI.

This variety is not so uncommon even among well-to-do people; but it is not always wise to declare it. Even if we see the animals running about, we shall consult our interests if we keep our own counsel and simply apply the appropriate remedy. This is easy to select. A wash of a one per cent. solution of carbolic acid will do very well, or a pomade containing this or the mild ointment of mercury. The latter should be carefully washed off the next day.

ECZEMA CAPITIS RUBRUM.

This is a very serious form of eczema in little children. If chronic, it is dangerous to life. If such cases come with the scalp inflamed, red, infiltrated, hard, and exuding a sero-purulent fluid which is partly dried into crusts, the physician must be very careful and guarded in his prognosis. The occurrence of inflammation and œdema of the meninges is frequent enough to have created a popular impression that such eruptive diseases of the scalp "strike into the brain." Nor should such a possibility be overlooked by the medical man, in order that he may guard against a surprise which would tell against him. The treatment of this form of eczema is, first, to remove crusts and cleanse well the scalp. This must be done gently; no violence should be used. The crusts may be softened and loosened by laying over them a cloth or a cap soaked in lime-water and linseed or olive oil. Time must be given for them to soak up this application,—twenty-four hours, if need be,—and then they can be easily removed. The addition of a little carbolic acid to the mixture may be of slight advantage.

After removal of the crusts, a salve should be applied, composed of empl. diachylon comp.* and cold cream, equal parts, with about one grain or minim of carbolic acid to each two drachms of the mixture. This should be reduced to the consistency of an ointment by the addition of olive oil, q. s.

A more stimulating ointment can be made of balsam of Peru and oxide of zinc, each five parts, with cold cream and unguent. cerussæ (the ung. cerussæ, Austr. Pharmac., is very like our ung. plumbi carbonatis), each twenty parts.

Of course, in the treatment of all forms

* Emp. diachylon comp. (Austr. Pharmac.) is made as follows: Take emp. diachylon simp., 1000 grammes; melt and add ammoniac, powdered, 125 grammes; dissolve in ol. terebinthinæ, 40 grammes; add yellow wax, 150 grammes, and resin, 80 grammes; melt together, strain, and make an emplastrum.

of eczema, the general condition of the little patients must receive careful attention, hygienic rules must be enforced, and the best possible nourishment be secured.

BLENNORRHŒA VULVÆ IN CHILDREN.

The two forms of blennorrhœa, the acute and chronic, are every now and then encountered by the practitioner who has many children under his care. The former is of course the most common. It is usually traumatic. It presents swelling of the labia, reddening of the vulvar mucous membrane, and a more or less profuse purulent discharge. There is often redness or eczema of the skin of the thighs. At the same time the child gives evidence of suffering great pain. There is often marked tenesmus, the urine scalds the parts and is held back as long as possible; consequently, the child has cramps of the bladder, and manifests its suffering by almost unintermitted crying. It may be found, also, that the irritating discharge has been transferred to the eyes, and set up a purulent conjunctivitis.

When a case of blennorrhœa vulvæ is met, it must be taken actively in hand. And, first, absolute rest must be imposed on the little patient, the utmost cleanliness must be enforced, sitz baths must be given. To these a little alum or sugar of lead may be added for their astringent effect. In the intervals a pledget of lint soaked in a one per cent. solution of sulphate of zinc should be inserted between the labia.

Injections should almost never be used, as they may do much more harm than good.

The chronic form of blennorrhœa vulvæ presents a different picture. There is not the evidence of acute inflammation, but a less degree of redness, less discharge, less pain. The child is usually of an anæmic or scrofulous appearance: it may, indeed, have the blennorrhœa as a part of its general scorbutus.

Here the treatment must be directed to the general systemic condition as well as local. Nourishing food and tonics should be ordered, while washings and the application of astringent lotions or ointments should be used on the inflamed parts.

There is a sort of intermediate form of blennorrhœa vulvæ coming between the acute and the chronic, which is marked by moderate redness, swelling and irritability of the parts, accompanied by disturbance of the nervous or vaso-motor system. This is sometimes dependent upon parasites, the oxyurus vermicularis especially, which makes its way from the rectum to the vagina, and causes here much more trouble than before. Against them the indication for the employment of a suitable parasiticide is plain.

This form of blennorrhœa is sometimes dependent upon masturbation,—a cause hard to detect and harder to cure. The removal of any source of irritation or abnormal sensibility may go a great way to remedy this trouble. The regulation of the general health and of the mental and moral surroundings (if the child be old enough to understand what it is doing) is of the utmost importance. Local applications should be shunned as much as possible, so that the parts may not be subjected to needless manipulation.

TRANSLATIONS.

GANGRENE AS A SEQUELA OF TYPHOID FEVER.—Several cases have recently been reported where dry gangrene has attacked patients about recovering from typhoid fever. The *Centralbl. f. Chirurgie*, Nos. 31 and 33, 1878, gives the following from the *Gazette Hebdomadaire*. Broquiart describes a case of spontaneous gangrene of the right leg, in a man of 35. In the groin and popliteal space the femoral and popliteal arteries respectively could be felt as hardened cords. The gangrene gradually went on to mummification. Four months later, when the line of demarcation had reached down to the bone, this was divided at the line of the spina tibiæ. The patient recovered. Cauvy's case was that of a boy of 11 years, who was attacked during convalescence with severe pain, with a sensation of coldness and gangrene of the leg. Demarcation was decided by the third day. Amputation at the junction of the middle and lower third of the thigh was performed. The patient recovered. Examination showed the trunk of the anterior and posterior tibials obliterated. Burlureaux refers to an article of Lereboullet on "dry gangrene in the course of typhoid fever," to which we have no reference at hand, and adds to this an observation of his own. A soldier who had suffered for two months with a severe attack of typhoid had reached convalescence, and had already been eight days out of bed,

when one day he felt a severe pain in the right foot shooting up the leg. Three days later the patient limped in walking, the leg was painful on pressure over the calf, and was swollen. No further symptoms appearing, excepting pain on walking, he left the hospital a month later. But a day or two after this the whole leg became swollen, and showed a violaceous tint. The patient was obliged to remain three weeks in bed, but then began to go about again. Six months later the patient returned to his regiment, but was soon put upon the sick-list. The whole right limb was now swollen, but not more discolored than formerly; the calf was painful on pressure. An indurated cord could be felt in the right inguinal region down to the middle of the thigh, and the femoral artery on that side beat less strongly than on the left. The right posterior tibial could not be felt, but the pedic beat more strongly than in the normal condition. Lying, the patient was comfortable, but pain ensued on walking. Finally, a general hypertrophy of the whole foot, leg, and thigh ensued. Burlureaux attributes the affection to a thrombosis of the posterior tibial artery, with gradual obliteration. (This case is interesting, but we fail to see why it is reported as "gangrene."—TRANS.) x.

PURPURA HÆMORRHAGICA WITHOUT PURPURIC PATCHES UPON THE SKIN AND SIMULATING TYPHOID FEVER. — Dr. Widal reports the following case (*La France Méd.*, 1878, No. 67): A soldier, 24 years of age, was admitted to the hospital having suffered for six days with cephalalgia, lassitude, and abundant epistaxis. On admission, typhoid stupor, marked prostration, frontal headache, epistaxis. Tongue bright red at the point, and sides very dry; anorexia, constipation. No eruption upon the skin, no nervous symptoms. Heart-sounds normal, some sibilant râles through the chest. T. 38.7° (101.6° F.). The next day the patient showed hæmaturia, epistaxis, abdomen tympanitic, painful on pressure in the iliac fossæ. Constipation. A day or two later, the symptoms persisting, 24 grains of ergot were administered in three doses. On the evening of the fourth day the temperature fell suddenly to 37° (98.6° F.), and the pulse to 60. After this there was no more fever. Stimulants and ergot continued. Tamponing the nasal fossa resorted to. Fifth day, stupor and prostration more marked. Pulse small, 54, no hemorrhagic patches on skin. On the sixth day, vomiting, with blood of a brownish color. On the seventh day, everything swallowed was rejected by the stomach, constipation persistent, abdomen swollen and hard, action of heart feeble, slight systolic murmur at base, probably from anæmia, which became more and more profound. Some sibilant râles in the chest. No dulness on percussion. Temp. same, pulse feeble, 48. The patient died on the thirteenth day. *Autopsy.*—Injection of the meninges. Small hemorrhagic infarctions of the lungs. Heart normal; no clot; liver large and fatty; spleen large but normal. The kidneys were nearly thrice normal size, containing numerous hemorrhagic infarctions. Small intestine markedly injected. Peyer's patches, although injected, presented no alteration. The mucous membrane of the large intestine was puffy and injected, but without ulceration. Dr. Widal points out the resemblances which this case bore to typhoid fever, from which, however, it was evidently so distinct. He regards it as a case of true purpura hæmorrhagica without the purpuric eruption. x.

ELECTRO-PUNCTURE IN HYDROCELE.—F. Zamboni (*Cbl. f. Chirurgie*, 1878, p. 560; from *Giornale Venet. di Scien. Med.*) performed electro-puncture for five minutes at a time at two sittings, in a case of voluminous hydrocele. By the second day the effusion had disappeared. Ten days later it reappeared; but one more puncture caused it to disappear permanently. Zamboni thinks that the electricity tones up the vessels and arouses their absorbent power. x.

CAUSE OF SUDDEN DEATH FROM BURNS.—E. Sonnenburg (*Cbl. f. Chirurgie*, 1878, p. 579; from *Deutsches Zeitschr. f. Chir.*) believes that overheating of the blood, with consequent cardiac paralysis, may cause sudden death after burns. When death occurs later, Sonnenburg has found that the blood-pressure regularly diminishes. If, in the case of animals experimented upon, the spinal cord was divided so that nervous transmission was prevented, such animals bore the burns very well. He concludes that in burns an abnormal excitation of the nervous system is produced, whereby, reflexly, a general relaxation of the vascular tone is brought about, the latter being the immediate cause of death. x.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, OCTOBER 12, 1878.

EDITORIAL.

JOHNS HOPKINS UNIVERSITY.

THERE is no institution in the United States which is watched, by those who are interested in the advancement of medical science among us, with as much of mingled hope and fear as is Johns Hopkins University. We make, therefore, no apology for bringing it so soon again before our readers in comment upon the recently inaugurated "Preliminary Medical Course."

This course is to extend over three years, as is shown by the following

COURSE OF STUDY.

First Year.

Experimental Physics. (Lectures and Laboratory work.)
Elementary Mechanics.
Chemistry. (Lectures and Laboratory work.)
French and German.
Drawing. (Free-hand.)

Second Year.

Chemistry. (Continued.)
General Biology. (Lectures and Laboratory work.)
Elementary Course in Comparative Anatomy and Zoölogy. (Lectures and Dissections.)
Elementary Course in Physiology and Histology. (Lectures and Laboratory work.)
Human Osteology and the Anatomy of the Ligaments and Joints.
Logic.

Third Year.

Human Anatomy.
Advanced Course in Physiology and Histology.
Elements of Embryology.
Psychology.

It is not necessary for us to describe minutely the way in which this course is to be carried out. The laboratory preparations, the arrangement of studies, and all the other details, are fully described in the official circular, which, we presume, may be obtained by application to President Gilman, or to the University. In their fulness, completeness, and fitness they appear to be almost everything that can be desired. We can but commend them most highly.

The important general consideration which at once naturally engages the attention of a friend of the institution, not immediately connected with it, is as to the scope of this so-called preliminary medical course, and especially as to its relation with the full medical course, which is, we trust, to be organized in a few years. Unfortunately, the circular does not throw much light upon this matter, the whole information vouchsafed being contained in the following extract:

> The Johns Hopkins University will organize, at the commencement of the session 1878–79, a course of instruction preliminary to the study of medicine. This course will have the object of giving the student a liberal education, but one rather scientific than literary, and including a thorough knowledge of the structure and functions of the human body in health. At its completion, the student will be prepared to enter at once upon medical studies proper,—*i.e.*, the phenomena of disease, and its origin, nature, prevention, and cure.
>
> The course proposed will extend over three years; but students who, on entry, pass a satisfactory examination in the subjects prescribed for the first year's study, will be allowed to enter upon the second year's studies at once.

We have no means of knowing the intention of the University authorities, and our deductions may be erroneous. It will be seen, however, that the student, at the close of this course, will be fully prepared to enter upon especial medical studies,—indeed, will have completed the study of all the branches of science fundamental to

the proper medical science and art. Three years being abundant time to allow for the acquiring of proper medical knowledge, we presume that it is intended to supplement the present course with one of two or three years.

This presumption is greatly increased by the evident fact that if a complete medical course distinct from this "Preliminary Course" is to be instituted, a duplication of very much of the Preliminary Course will be required. It is possible that under the present system it is hoped to reach three classes of pupils: first, those who desire education in chemistry, physical and biological science, without a knowledge of medicine, and who will take the preliminary medical course only; second, those who desire both a general education specially fitted for the physician, and also a medical education, and who will take both courses; third, those who, conceiving that they have had sufficient general instruction, enter the second year of the preliminary course for the purpose of professional training only.

It must be acknowledged that this plan is ingenious and seems to meet various wants. It is, however, so common an experience that a plan which compasses various ends fails to attain any one most fully, that the question naturally arises as to the possible failure in this way of that adopted by the Johns Hopkins University.

The requirements for admission to the preliminary medical course are simply a knowledge of Elementary Mathematics, Arithmetic, Algebra, and three books of Euclid, or an equivalent amount of Geometry, acquaintance with Latin Grammar, especially accidence, and the ability to translate passages from the first four books of Cæsar, De Bello Gallico, and of the sixth book of the Æneid.

A bright boy could be readily prepared for passing these preliminary examinations by the time he was fourteen or at most fifteen years of age, which would give him his medical degree at twenty, fully two years too early.

Again, any boy carrying out fully and accurately the course prescribed by Johns Hopkins University would go forth to his life-work not fully equipped to do the best possible with his natural powers for himself and his fellows. Personal experience, close contact with many hundreds of professional pupils, careful watching and study of the careers of men who have overcome, more or less imperfectly, defects of early training and forced their way into the front ranks of the profession, have convinced us of the value of a moderate knowledge of Greek, and the inestimable value of a thorough training in the higher mathematics.

He who complies strictly with the Johns Hopkins plan will be lacking not only in these things, but also in a knowledge of geography, history, logic, rhetoric, including the art both of speaking and writing, and of many other things which are usually considered essential to a man of polite education.

The person who is educated from boyhood for the medical profession in the course prescribed in the catalogue of our own University will probably, in the training he has received, be superior to him who has followed the Johns Hopkins plan.

According to their circular, the authorities of Johns Hopkins are considering the propriety of giving the degree of B.M. to the person who has successfully completed the course of Preliminary Medical Instruction. We sincerely trust that they will finally decide not to do so. The only gain is a possible but not probable increase of scholars by pandering to the craze for degrees. The objections are manifold. We are exceeding our allotted space, and have room for only two of them. It is so absurd to give a degree of Bachelor of Medicine to a man who has not studied medicine at all that the institution which does so injures all its degrees. It is harm-

ful to the people to grant such a title, because it gives opportunity to men without knowledge of practical medicine to practise under the ægis of a mighty name. No publicity can force the people to understand the respective positions of B.M. and M.D.

The standard of the medical department of Johns Hopkins University seems, on the whole, to be rather lower than that of an ordinary medical school of Great Britain, France, or Germany; and this is all! where such magnificent opportunity was afforded of making a medical institution which should be a beacon for the world of medicine, a great centre of medical thought, and of the highest influence!

The failure of the authorities of Johns Hopkins is all the more disheartening, since they are earnest men, desiring to do the right thing, and apparently had an abundance of light. Dr. Billings,* in his very able course of lectures, pointed out clearly and plainly the greatness of our need, the power of the institute to meet it, and the general method in which this could be done. The various details of his plan are of course subject for discussion, but the value of the central idea is, to our thinking, beyond all dispute. It is that the students of the University should be highly educated before entering upon their scientific and medical studies, and that by reason of age and training they, after the first or second year of their professional curriculum, should be able to take part in that investigation of the science and art of medicine which was to form the *raison d'être* of the Medical Department of the Johns Hopkins University. Under such system the graduates of the institution might have held the proudest diploma in the world.

Let us hope that practical results will reveal to the trustees the mistake we think they have made. It may be that their present course will not attract enough to overcome its length and expense, and that men who would submit to anything for the highest opportunities will pass by the present arrangements.

LEADING ARTICLES.

SALICYLIC ACID.

No. 2.

LEAVING out of sight the surgical and disinfectant uses of the drug in question, medicine has as yet found only three purposes for which to employ the remedy: as an antipyretic, as an antiperiodic, as a specific in rheumatic and allied affections. Enough has already been said to establish the antipyretic action of salicylic acid.

The question as to whether good is achieved in fevers by its use is, however, entirely separate from that as to its power of reducing temperature. It is certainly possible for it to lower the fever-heat, and yet to do far more harm than good; and the evidence at hand does not yet seem sufficient to answer the present inquiry. In the Semenoffschen Military Hospital, from January, 1875, to the middle of September, 1875, two hundred and eleven cases of typhoid (?) fever were treated without salicylic acid, and from the last date to March, 1876, one hundred and sixty cases with the acid. The mortality in the first period was 14.7 per cent., in the last 19.4 per cent. (Schroeder, *Deutsches Archiv für Klin. Med.*, xviii. 516.) In the garrison of Stargard, in 1872, thirty-nine cases received mild cold-water treatment; in 1874, sixty three cases, cold-water treatment energetically; in 1875, thirty-five cases, the salicylic acid treatment; the mortality being, respectively, 30.7, 9.5, 8.5 per cent., and the average length of treatment 66.6, 53.3, and 37 days. (Jahn, *Ibid.*, p. 451.) These statistics are all that are at command, and certainly leave the question at issue *sub judice*.

The antiperiodic action of the drug does not appear to be such as to entitle it to confidence. It is true that Senator in nine cases had but one failure (*Berlin. Klin. Woch.*,

* We would ask any of our readers who may think this editorial overstates the case to send for the pamphlet of Dr. Billings (*Extracts from Lectures delivered before the Johns Hopkins University*, Baltimore, 1877-78) and the circular spoken of in the text, and compare what might have been done and what has been done.

1875); but the general drift of experience coincides, we think, with that of Helley, who found salicylic acid to fail in obstinate malarial cases, and to require longer time to cure than does quinine in mild cases.

The antipyretic properties of salicylic acid early led to its being used in rheumatism, and in 1876 (*Berlin. Klin. Wochen.*, xiii.) Stricker first announced that it was an exceedingly valuable remedy in this disease, usually, when given in hourly doses of from seven to fifteen grains, causing a disappearance of the symptoms in a period not exceeding forty-eight hours. The conclusions of Stricker have been substantially confirmed by numerous observers in Germany, France, England, and this country. Although some cases of rheumatism do not seem to yield to the drug, in the great majority of instances improvement sets in within twenty-four hours and is rapidly followed by disappearance of the pain and fever. The dangers of cardiac and cerebral complications are certainly lessened, but not altogether done away with.* In excessive rheumatic hyperpyrexia it cannot be depended upon to the exclusion of the cold bath. Jaccoud states (*Progrès Méd.*, 1877, 528, 745) that he has found it of great service in chronic rheumatism; but the general testimony appears to show that it is much less certain in the chronic than in the acute disorder. Jaccoud also states that in acute gout it acts with extraordinary effect. As in cases of habitual gout the kidneys are often seriously affected, the urine should always be examined, and if it be found albuminous the remedy be withheld. Various mishaps (gangrene, *Bull. de Thérap.*, xciii. p. 324; necrosis, *British Medical Journal*, 1876, 2, 776, 820, 843) have been ascribed to the use of the acid in rheumatism, but these were in all probability accidental complications of the disorder. Dr. H. Weber has seen it act most happily in gonorrhœal rheumatism (*Bull. de Thérap.*, xciii. 328).

In regard to the method of administration of the drug not much need be said here. Owing to the insolubility and irritant action of salicylic acid on the mucous membrane of the mouth, some difficulties beset its internal administration, and various preparations of it have been suggested. As a knowledge of its solubilities is essential to the making of preparations of it, the following data of solutions used by Mr. Callender are worthy of place here: Phosphate of sodium, three parts; salicylic acid, one part; water, fifty parts.—Salicylic acid, one part; olive oil, forty-nine parts.—Salicylic acid, one part; bicarbonate of sodium, half part; water, one hundred parts.—Salicylic acid, ten parts; borax, eighteen parts; water, one hundred parts. (*London Clin. Soc. Trans.*, ix. p. 10.) A twenty-five per cent. solution, which will bear dilution with water or alcohol, may be prepared according to the following formula:

℞ Acid. salicyl., ℥ii;
Sodii biborat., ℥i;
Glycerinæ, q. s.

Mix the acid and borax with four fluidounces of glycerin; heat gently until dissolved; then add enough glycerin to make one fluidounce.

I do not think, however, that any solution of the acid should be selected for internal use. It is much better to employ the soda salt, which is soluble, or to give the acid in *cachet de pain.*

* Consult for this point Jaccoud, Le Progrès Méd., 1877, p. 588; Green, London Lancet, November 11, 1877; Roe, London Lancet, 1877 2, p. 905; Jacobs, ibid., 655; Brown, Boston Med. and Surg. Journ., February 8, 1877. E. Buss was probably the first one to make trial of this remedy.

CORRESPONDENCE.

LONDON LETTER.

A LIVELY discussion has gone on in the *Times* on the subject of physicians' fees, and, as a natural consequence, the matter has drawn forth leaders in other lay papers as well as in medical periodicals. It certainly is time something should be done in this matter. The time-honored guinea was a great deal too much once, if it is a sufficient fee now; and if a fair honorarium now, it was profusely generous in the time of Queen Anne, when we consider how much more it would purchase then than it can now. Again, too, the progress of medical science is such that even an ordinary physician, who has in no way distinguished himself, can now examine a case in a very different manner from that possible in the time of the illustrious Radcliffe; and, with an increasing knowledge of the action of remedies, we prescribe with a certainty unattainable in those days. Physical examination has been brought to a state of perfection undreamt of then, and the exact condition of the viscera can now be ascertained to an extent then never supposed to be feasible. But, on the other hand, no amount

of mere education and capacity to pass examinations, or even to instruct others to pass examinations, will endow a man with the capacity to take in those points of a case which lie beyond, and are not included in, the physical examination; and probably Radcliffe could appraise the different points in a case of dropsy, taking all in all, as well as, or even better than, a modern physician, who, with greater capacity to ascertain what is taught by the physical signs, yet does not possess in so high a degree that insight into the less obvious data which so often outweighs the physical signs in their diagnostic and prognostic information. The careful education of the physician of the present day, and his information derived from the works of others, even when no original work testifies to powers of observation or of thought on his own part, enable him to be of much more avail than even a much cleverer man could be a century ago. The information he can furnish to the patient about his mode of life, his dietary, the importance of hygienic arrangements, the effects of climate and of locality, to say nothing of the medicinal part of the treatment of a case, is worth far more than a guinea, if that sum was a fair equivalent for the advice tendered in the days of the early Georges. How does it happen then, it may be asked, that, while the remuneration of every other form of skilled advice has kept pace with the times, the physician's fee has stood stationary while medical knowledge has made such advances? There are several factors to be carefully considered before a satisfactory answer can be given to this question. In the first place, as long as well-known leaders of the profession are willing to take the guinea for their matured advice and the product of a long experience, it is almost futile for the junior men to raise their fee. A struggling man, comparatively young, cannot ask more than a man who has won a title. Consequently, some concerted movement on the part of the leaders of the profession is eminently desirable. If the minimum fee of the leading consultants was known to be two guineas for the first consultation and one after, this would soon become a recognized practice, and the custom would extend to the less eminent physicians. But if Dr. Genial Suavity, the fashionable physician, and Sir Alexander MacFungus, the famous surgeon, will still accept the old-fashioned fee, and give their advice therefor, it is next to impossible for their juniors to get more for their advice. Then, again, the profession is handicapped in this way: there are a number of consulting physicians, by right of examinations passed and appointments held, who are not such from any natural fitness. They have means, family connections, and school and college friends, with some private income, which will keep them, but which may be supplemented by some other form of income with advantage. These men usually do not enter upon their medical studies so young as the ordinary student. They bring a more matured mind to bear on their studies, and, consequently, look comparatively cleverer than they really are. They have a more extended worldly knowledge, are very careful in their conduct, and they make no juvenile mistakes to be lived down. They are pleasant and gentlemanly, and do work for their seniors, who work in return for them to put them on the staff of their hospital. Then they have the tremendous advantage of having means: their friends can afford to be friendly "right away," without having to wait to see whether they are going to be able to breast the current successfully or not. A hospital staff does not like to take up a poor man, who, after arduous, even agonizing, struggles, has to terminate his existence in a coffee-shop, as occurred in a most painful case some little time ago. A prudent, cautious fellow, with private means, may safely be backed without fear of collapse; and then, too, he has the further advantage of not being over-heavily weighted intellectually, and thus is not likely to get an undue share of the consulting work which constantly comes to the members of the staff of a hospital from its whilom students. He is a *safe* man. Such men know their own value and their motives for entering the profession, and they are quite content to accept the guinea fee. They know their chances of success well enough: there is no prospect of their ever attaining to a higher fee, and, consequently, they undersell their more active and abler competitors. These are the men who are found to be attending Lord Bareacres at the rate of three visits for a guinea. Having systematically undersold their true competitors, they do not hesitate to poach upon the better-class general practitioner, who naturally resents this action on the part of what ought to be a genuine consultant. There is too much truth in this apparently bitter statement, and those who have followed a recent discussion in the *British Medical Journal* know that it is too well founded. So long as a certain, even a considerable, proportion of what ought to be true consultants will do such things the profession cannot rise in public estimation, but must gradually sink lower. It is very hard for poorer and more energetic men to make headway when handicapped so heavily by their own brethren.

This is one of the great causes of specialism. An energetic man who has not these social advantages, and who sees no prospect of being gradually worked into practice under the wing of a well-disposed senior, must cut out a path for himself. He reads papers of unquestionable ability before Societies. Editors gladly insert his contributions, and publishers take his works on their merits; and so he gets before the public, medical and lay, in time. Such men are not heard discussing the guinea question: it does not interest them

much. So far as they are concerned, they have left the matter of the guinea behind them. It is reserved for their hospital patients, and the friends of these patients, for deserving and necessitous persons who cannot well pay more. But for the bulk of their practice two guineas are usually tendered at the first consultation, without anything being said. There is a great deal of human nature about patients; and they are willing enough to pay for a good article when they think they have got it. It may be safely asserted that if the physician takes pains, shows that he knows his work, and sincerely does his best for his patients, they will appreciate his advice in a tangible form. Patients who have seen several consultants can soon appraise the value of the advice tendered and estimate it at its real pecuniary equivalent as regards amount of fee. If the physician has a genuine article to offer, his patients will soon acquire the habit of giving him two guineas and not one, or, if his practice lie among the poorer members of the aristocracy, the sovereign without the shilling. It may be truthfully asserted that, in the main, it lies with a man's self what fee is tendered to him for his advice. Certainly nothing can be more irrational than the present method of remunerating the physician: the man who does little or no good to his patient secures a number of fees; while the physician who does good gets only one or two. It may be urged that a sufficient amount is spent among the profession for the management of the case; but then the bulk of the money gets into the wrong pockets.

Would it not be well, in instances where the case must be gone thoroughly into (not merely when the patient is present, but occupies a good deal of the physician's time and thought when alone), for the consultation to assume the shape it does with a legal consultant or a consulting engineer? There the time and the thought given to the case are met in a more rational manner, and the fee tendered may extend from ten to fifty guineas, or even more. In cases by no means unfrequent, where a carefully weighed opinion is sought by a patient who is going to enter upon a new business, or who is entertaining the project of emigrating, or of marrying again, or indeed any case where material interests are involved, and where long attentive thought is required, and several interviews and examinations are essential to the formation of such opinion, an honorarium in a lump sum seems indicated. Thirty guineas in such cases would never be grudged for a counsel's opinion in reference to a sum of money to be invested, or a piece of property: why then should not it be tendered for an opinion which involves the life of the person, and of course includes his tenure of his possessions? This would be more likely to be of real service to the patient and more equitable to the profession than the plan of spending or squandering the sum among several physicians, perhaps getting little valid counsel from any, and certainly putting a large proportion of the sum where it was not earned, and for which no corresponding equivalent has been received. This plan would lead to more carefully weighed and more matured opinions than are feasible under the present system; it would cause the physician to study his cases more attentively, and it would bring out the physician's real value more accurately than the present system can. With the present plan a suave and specious manner, a wily brain, and a knowledge of human nature, chiefly of its weaknesses, are more successful than a solid knowledge of his profession to a medical consultant. The suggested plan would be a much fairer test both for patient and physician, and the actual value of the opinion given would be more clearly apparent. Under it the really good man would be less distanced by his showy neighbor, and his sterling worth as a consultant would have a better chance of being appreciated. Even if such a radical reform is impracticable at present, there seems no reason why the leaders of the profession should not agree to take three guineas for the first consultation and two guineas for succeeding ones. By so doing if they lost a certain portion of their patients they would make the same amount of money, and they would have more time for each patient: this would be better both for patient and physician.

At this time when "everybody who is anybody" is out of town and mainly at the seaside, the question of swimming as a healthful exercise and a valuable accomplishment naturally suggests itself. A recent terrible accident on the Thames has directed attention to the value of swimming. Probably for boys there are already almost all the requisite facilities offered in towns, and in the country and at the seaside there are the pool and the shore. But for girls, as yet, no proper facilities exist, or, if so, only to a limited degree; and yet no more healthful exercise can be pointed out. Lawn tennis on land, and swimming as much as boating on the water, should be the recreation of the girl who wishes to attain a fine, well-developed physique. The importance of goodly corporeal development is now being appreciated, and athletics for girls are preferred to the old wooden-boned corsets and backboards. The spine will grow straighter as well as suppler by good development, especially of the muscles, than by those rude surgical appliances. The day of the prim conventional miss who sat uncomplaining in a straight-backed chair and achieved marvels of skill with her needle, and who cried a little over "Clarissa Harlowe," has passed away; and, fortunately for girls, on this side of the Atlantic at least, the day of physical education has dawned, and hysteria, religious melancholia, headaches, and fits of low-

spiritedness will not have the universal sway they have had. The girl who is now active is no longer regarded as a "tom boy," but is rather looked up to by her schoolfellows. We may be passing through a social phase of devotion to athletics, and letting sports and muscular exercises attain an unjustifiable importance in our educational arrangements for boys, but for girls there is certainly as yet no excess. Swimming is one of the healthiest and best of exercises, if not indulged in too much. All the muscles are thrown into action, and the chest is developed; the lower extremities are untrammelled by heavy skirts, and the pelvic organs are free from the compression of their attachments. As a hygienic exercise swimming has much to be said for it.

But there are several points to be attended to, else swimming may be injurious. Nothing can be more pleasant than to see a lot of healthful, active girls, going off or returning from their early morning bath, with bloom on their cheeks and vigor in their movements; but for less strong and for delicate girls this morning exercise may be too taxing; and it is desirable that they avoid the water until after the body has received a meal and the food taken been digested. Noon is the time of bathing for delicate organisms. Then as to the duration of the bath: five minutes is sufficient for mere bathing; a longer time is apt to produce a chill. Of course, where active movements are made, as in swimming, a longer stay in the water is permissible, and muscular movement produces heat, and so the body-temperature is maintained in the water, which is a rapid conductor of heat. With an active swimmer a quarter of an hour in the water may not be too much, and with strong swimmers even a longer time may be permissible. But too long immersion is always to be avoided. If the bather feel at all chilly, a brisk walk will soon bring up the body-heat. Repeated bathing in one day is to be condemned as unsuited for girls, and as scarcely desirable for boys.

Then there are recurring periods with girls when the bath should be given up entirely. Even the warm bath at these times is apt to produce headache and discomfort, even when there is no arrest of the flux produced. With these precautions, swimming is a safe and most desirable exercise and accomplishment for girls and women. An American lady was on board the *Princess Alice* when struck by the *Bywell Castle* on the Thames, and swam, or partly swam and partly was borne by the tide, a distance of two miles before she was picked up, and unfortunately died a week afterwards, never having recovered from the shock and exhaustion. This case shows that even under the terrible emergency of such a catastrophe the art of swimming may be of great avail to those women who possess a knowledge thereof. But it is not for its utility in emergencies that swimming is desirable as an accomplishment for girls, but for its value as a healthful exercise and practice.

J. Milner Fothergill.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting was held at the hall of the College of Physicians, Philadelphia, September 11, 1878, Dr. J. Solis Cohen, Vice-President of the Association, in the chair.

The death of Dr. Washington L. Atlee having been announced by the Secretary, Dr. Henry Leaman, the following remarks were made by Prof. Gross:

Mr. President and Gentlemen:—We all know the object of this meeting. It is to do honor to the memory of a great and good man, and to express our sympathy for his family in this hour of their deep affliction. Dr. Washington L. Atlee died at his residence, after a lingering illness, on Saturday evening last, at the age of 70 years, like a ripe shock of corn. The cause of his death was malignant disease of the left kidney, under symptoms of which he had labored for a number of months, during the last three of which he was confined to his chamber and much of the time to his bed. His illness was attended with great suffering, which he bore with the philosophy of a martyr and the patience and resignation of the Christian gentleman. To the last he retained his intellectual faculties unimpaired by the ravages of his physical ailments, and exhibited that courage and disregard of death which one might expect in a great physician who had so often faced the fell destroyer in his own practice, under the most trying circumstances. As his malady progressed, he knew that his end was near at hand, and he therefore, like a wise man, set his house in order, patiently biding his time to be released from his suffering and to be forever at rest.

It was my good fortune to become acquainted with Dr. Atlee at an early period of my life. In 1826 and '27 we were fellow-students in the office of Prof. George McClellan, the founder of the Jefferson Medical College. He formed one of a class of fourteen or fifteen pupils, most of them remarkable for their intellectual powers, refinement, and high promise. Of that band—of whom not more than three remain—Atlee was one of the most conspicuous; tall, erect, and handsome in person, he was remarkably neat in his appearance, and possessed of an amount of industry, intelligence, and ambition which foreshadowed his future success. Young as he was, it was apparent that he had a highly-inquisitive mind, that he was con-

stantly in search of new truths, and that he was determined to attain to distinction in his profession. Graduating from the Jefferson Medical College in 1829, he settled almost immediately after at Lancaster, his native city, and soon acquired a respectable and influential practice, spending his leisure in hard study, in botanical researches,—for which he had a great fancy,—in delivering courses of popular lectures, including chemistry, and in assisting in founding various useful local societies and institutions. In 1844 he was appointed Professor of Chemistry in the medical department of the Pennsylvania College of Philadelphia, a situation which he retained until 1852, when, his practice becoming onerous, he was obliged to resign it. Engaged for a number of years in general practice, he gradually, as he advanced in years, devoted himself more and more to the duties of a gynæcologist, in which he was destined to attain a high and commanding position, exceeded by no one on this continent. He became, as is well known, especially distinguished as an ovariotomist. At the time of his death his operations had reached nearly four hundred. As a worker in his profession, he was ever earnest and among the foremost promoters of medical science and medical education. He played an active part in the organization of the American Medical Association, of the Pennsylvania State Medical Society, and of the Philadelphia County Medical Society, of the former of which he was at one time vice-president, and of the latter two president. As a writer he was clear and forcible, always expressing himself in strong, well-chosen English adapted to the dullest comprehension. His work on the Diagnosis of Ovarian Tumors will occupy a permanent place in American medical literature. His contributions to the periodical press were numerous and eminently creditable, often exhaustive, and generally suggestive of novel views of pathology and practice. One of his last contributions was an elaborate paper on fibroid tumors of the uterus, read before the Gynæcological Section of the International Medical Congress in this city in 1876. With the knife he was, in his particular line, *facile princeps*. He appreciated the aphorism of Desault, that simplicity is the perfection of an operation. He rarely used more than one scalpel, one bistoury, one pair of forceps, one pair of scissors, and one needle. He had a just horror of display. The duties having been duly assigned to his assistants, everything proceeded as silently as possible, with the regularity of clockwork. Always self-possessed, his eye never quailed, his hand never trembled.

Who will say that such a man's life was in vain? I am not informed of his success as an ovariotomist, but if it be assumed that it was of an average character, and that the number of his cases reached nearly four hundred, it must be concluded that he secured to suffering woman an aggregate life of at least two thousand years.

In his manners Dr. Atlee was gentle and tender as a woman; in his conduct, upright, pure, and conscientious; in his convictions, firm and determined, but never arrogant or haughty; in his friendship, sincere and cordial; in his intercourse with his professional brethren and the world at large, considerate and urbane. Despising the tricks of the charlatan, he cherished the highest respect for medical ethics, and the warmest attachment for his profession, of which he was one of the brightest exemplars and one of the most illustrious, zealous, and devoted members. It will not be trenching upon the sanctities of private life to add that Dr. Atlee was a most loving husband and father,—the idol of his family and of a large circle of appeciative friends.

Death during the last fourteen months has been more than ordinarily busy in the higher walks of our profession. Commencing with Prof. N. R. Smith, the eminent surgeon, of Baltimore, who died on the 3d of July, 1877, he swept away, in rapid succession, Alpheus B. Crosby, of Hanover, New Hampshire, Edward H. Clarke, of Boston, Edmund Randolph Peaslee, of New York, Paul Fitzsimons Eve, of Nashville, Lunsford Pitts Yandell, of Louisville, and last, but not least, our honored friend and confrère, Washington Light Atlee. What a harvest there is here! All men of brains, of great usefulness, and of national reputation, called hence in this comparatively short space of time!

> "Take them, O Death, and bear away
> Whatever thou canst call thine own:
> Thine image, stamped upon this clay,
> Doth give thee that,—but that alone."

I am indebted to Dr. Drysdale, Dr. Atlee's son-in-law, for the following account of the post-mortem examination, which cannot fail to interest you:

"In April, 1876, Dr. Atlee performed operations in three different cities on three succeeding days, travelling for this purpose three nights in succession. One of the patients on whom he operated was suffering from cancer of the uterus. He returned home feeling greatly prostrated, and at once took to his bed. I found him with a low fever, tympanitic abdomen, and tenderness in the left iliac region,—in fact, having most of the symptoms of a patient in the second week of typhoid fever. He recovered from this in about ten days, but from that time his health failed, he lost color, and emaciated rapidly. Last February a small lump was found projecting below the border of the ribs on the left side, This increased rapidly, and by June extended from the nipple to the anterior superior spinous process of the ilium. It consisted of a comparatively soft mass above, terminating below in hard nodules. It was supposed to be a

malignant disease of the spleen. The liver was also greatly enlarged, its lower border touching the anterior superior spinous process of the ilium of the right side.

"In the latter part of June the tumor slowly diminished in size, and continued to contract until nothing could be felt of it except the hard nodules just below the ribs.

"In the autopsy, made on the 8th instant, the spleen was found enlarged to about twice its usual size, but was healthy in structure. It was located more anteriorly than normal, and just under it was a large tumor, which a careful examination proved to be the left kidney. It reached from the diaphragm above to the promontory of the sacrum below, and was firmly adherent to the parts beneath it, incorporating the aorta and other vessels in its mass. Its estimated weight was between two and three pounds.

"It proved to be a medullary cancer of the left kidney, its upper border being hard, while the remainder of the mass was cerebriform.

"In its early stage it evidently pressed on the vessels of the spleen and liver, producing congestion of these organs, which in the last two months was relieved by the softening of the mass. The spleen, being thus greatly enlarged and covering the diseased kidney like a cushion, led us into the error of supposing it the organ at fault. The urine was carefully and frequently examined in all stages of the disease, but nothing abnormal was ever found in it. The right kidney was rather larger than normal, and contained in its cortical substance a number of cysts, some of them as large as a nutmeg and filled with a yellowish fluid. The liver was healthy, but the cystic duct contained a calculus of large size, which completely obstructed it. The duct was fully an inch in diameter, and, like the gall-bladder, was filled with a colorless, watery fluid which was slightly opalescent. Under the microscope this fluid was seen to contain groups of pavement epithelial cells of small size, which had undergone fatty degeneration, and large quantities of crystals of cholesterin. When boiled it was found to be slightly albuminous.

"The stomach was distended, but healthy, except a slight thickening about the pyloric orifice.

"The heart contained, in the right ventricle, and firmly attached to its right wall and to the columnæ carneæ, a growth of a light-fawn color and firm consistence, about the size of a large English walnut. It was situated just below the tricuspid valve. The mitral valves were thickened, but the aortic valves were healthy."

Mr. President, I beg leave to offer the following resolutions:

Whereas, The Philadelphia County Medical Society have heard with profound sorrow of the death of their late fellow-member, Dr. Washington L. Atlee, one of the founders of the Society and at one time its president; and *whereas*, it is proper that we should give expression to our feelings upon an occasion so solemn and impressive as this: therefore

Resolved, That we deeply lament the demise of a man who for nearly half a century was a devoted and faithful student of his profession,—a profession which he adorned by his private virtues and illustrated by his successful practice as a physician, an obstetrician, and a gynæcologist.

Resolved, That Dr. Atlee, as one of the pioneers in ovariotomy in this country,—an operation which he performed nearly four hundred times,—rendered most important service in recalling, as he did, the attention of the profession to the practicability and value of that operation and in placing it upon a firm and permanent basis as one of the established processes of the healing art, at the same time that, by his private labors, he conferred immense benefit upon suffering women by increasing their comfort and prolonging their lives.

Resolved, That, as an author and an able thinker, his contributions to gynæcology, and other branches of medicine, have shed important light upon the nature and treatment of female diseases and upon the operations necessary for their cure.

Resolved, That the memory of a physician who accomplished so much for the good of his race should be cherished by his professional brethren, as well as the public, of which he was so valuable a member, and that his example as a high-toned, honorable, and Christian gentleman is worthy of the imitation of all young men engaged in the study and practice of medicine.

Resolved, That we tender to the family of our deceased brother our heartfelt sympathy in their bereavement, and that a copy of these proceedings, signed by the president and secretary of this meeting, be sent to them, and also to the medical and secular presses of the city, with a request that they will be kind enough to publish them.

These resolutions were unanimously adopted.

The paper of the evening, by Dr. W. R. D. Blackwood, was read, and the usual vote of thanks was passed. No discussion occurring, Dr. Dunmire was called to the chair, while Dr. J. Solis Cohen exhibited—1. A *mouth-distender* for operations within the mouth, which had been made at his suggestion, and which he had used on several occasions within the past five or six years with great satisfaction. It consists of two movable wire frames for upper and lower jaw respectively, retained in position by extensions passing behind each alveolar ridge, these extensions being wrapped with adhesive plaster before an operation, so as to diminish the

tension on the parts. The separation of the jaws is effected by a set-screw attached beneath the lower frame in the middle line, so as to be entirely out of the oral opening. The lower frame is provided with a movable solid tongue-depresser for attachment when it is required to keep the tongue out of the way of instruments. Dr. Cohen stated that he had found this instrument more serviceable than any other of the kind he had seen in the stores. 2. An adaptation of a flexible probe, made at his suggestion, as a guide for the posterior nasal tampon. A blunt-pointed flexible silver or copper wire is covered with polished rubber coating, to give it enough body to prevent kinking without interfering with its flexibility, and terminates in an ordinary, eyed, probe extremity, made of flexible silver, for which a simple loop of wire would answer as a substitute. The eye of the probe being threaded, the blunt end is passed along the floor of the nares, round the palate, and into the mouth, whence it is drawn forward, dragging the thread after it, and detached from the thread, to which the tampon is then secured in the usual manner.

Its advantage over Bellocq's canula is its simplicity and greater ease of use,—there being no occasion to draw the instrument back through the nasal passage,—and its slight bulk, which enables it to be used on the youngest subject. Over the simple loop of wire, often used for the same purpose, it possesses the advantage of irritating the parts much less in its passage, and that of not passing a second time over the floor of the nose in its withdrawal.

3. A tracheotomy-tube, in which the projecting wire hinge-like handles of the inner tube are dispensed with by prolonging the inner tube beyond the plate by which it is secured to the outer tube in the usual manner, and finishing it with an annular rim or milled edge, as in the German rubber tubes and the flexible inner tube of Durham. It differs from the German tube in being part of the inner tube and not movable upon it, so that there is no danger whatever of a detachment of the inner tube and its dropping down the trachea,—an accident of occasional occurrence with the rubber tube, and even with the silver tube when merely soldered to the plate,—and from Durham's, in preserving the ordinary plate for secure attachment by button against the outer tube, and thus prevented from slipping out in the movements of the patient. Dr. Cohen was led to have this alteration made on account of the difficulty of keeping the external portion of the ordinary inner tube scrupulously clean, from the many points the wire projections offered for the adherence of viscid mucus and the like, and the trouble required to cleanse it properly even when removed from the patient.

FRANK WOODBURY, M.D.,
Reporting Secretary.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, SEPTEMBER 12, 1878.

THE PRESIDENT, DR. H. LENOX HODGE, in the chair.

Mechanical microtome. Presented by DR. C. SEILER.

I EXHIBIT to the members to-night a mechanical microtome of novel construction, which I designed for the purpose of making large, thin, and even sections of hardened tissues. A mechanical microtome in which the knife is held rigidly by moving parts of the instrument itself has been a desideratum for a long time, and many workers have designed and constructed such contrivances; but all of them started with the erroneous idea that a slide upon which the knife is fastened, and which runs at an acute angle to the tissue imbedded, would carry the knife through the tissue by a sliding motion, such as is produced by the hand alone making the section. This, however, is not so, and by means of such a slide the knife acts like a carpenter's plane, pushing through the tissue like a chisel instead of cutting like a knife.

By analyzing the motion of the arms in making thin sections I came to the conclusion that if the knife was attached to two arms, which are allowed to rotate upon fixed pivots attached to the section-cutter, the knife would pass through the tissue, each point of the cutting edge describing a curve whose radius is the two arms carrying the knife. The principle is identical with the one upon which the parallel rule is constructed, one blade of which being fixed allows the other to move to and fro in the same manner as the knife in this case moves.

After constructing a rough model of the apparatus, I asked my friend Mr. T. Zentmayer to construct the instrument. In doing so he added many improvements in the motion, and in the adjustment for different inclinations of the knife, which insure a perfect working of the instrument even in the hands of unskilled persons.

The specimens cut with this machine, which I have brought to show what can be accomplished in the way of large and thin sections, are: a longitudinal section of the leg of a five-months fœtus from the knee downward, measuring two inches in length and three-quarters of an inch in width at the widest part; a section of an epithelioma from the cheek, one-half by three-quarters of an inch; and a longitudinal section through the upper and lower maxilla of a five-months' fœtus, taking in the turbinated bone, measuring one and one-half by one and one-quarter inches.

It is needless to point out the great advantage of large sections, especially of pathological tissues, and I have no doubt that when this instrument becomes generally used we will

have more and better microscopical examinations of tissues than at present, since many who would gladly work with the microscope are deterred from it by the difficulty of making thin sections.

Neuralgic tumor of the skin. Presented by Dr. H. Lenox Hodge.

The tumor which I present to the Society to-night was removed last April from the forearm of a man about 48 years of age. There has been no return of the growth, and the patient has been entirely free from all pain.

The tumor was rounded, and measured six-eighths of an inch in diameter at its base, and in height five-eighths. It was of a bluish color, and was extremely sensitive. The painful character of the tumor was its most remarkable characteristic. Even the rubbing of the patient's shirt upon the tumor was very painful. A slight pressure upon it would cause him to faint.

He first noticed it sixteen or seventeen years ago, on the outer side of his right forearm near the olecranon. It was then a small nodule like a bead, and not at all painful. About seven years ago the pain began, and has been steadily on the increase, until life became a burden and he was filled with a constant terror lest the tumor should be touched or pressed upon.

During all these years the growth has increased very slowly in size. It contracted no adhesions to the deeper tissues, but remained perfectly movable.

This colored drawing which I exhibit has been carefully made by my friend Dr. Taylor, Resident Physician of the Children's Hospital. It accurately represents the appearance, color, size, and situation of the tumor.

Dr. Seiler has kindly made the microscopical examination, and has placed a beautifully-stained section beneath the microscope for examination by the members of the Society. His description of its structure states "that it presents on section a network of well-developed connective tissue, the meshes of which are irregular as to size and shape, and are filled with both red and white blood-corpuscles. The dermis and epidermis covering the tumor appear atrophied, while the growth itself resembles the corpus cavernosum of the penis."

The tumor, as the section shows, extends below the surface of the skin, and it appears probable that it arose in the connective tissue and gradually trespassed upon the skin. Notwithstanding its painful character, no connection with any nerve-fibre has been detected. By its growth it has probably pressed upon the minute nerve-filaments in the skin, and thus given rise to the intense neuralgic pain.

The old Philadelphia School of Anatomy and Operative Surgery is to be revived, under the charge of Dr. John B. Roberts.

THE AMERICAN GYNÆCOLOGICAL SOCIETY.

THE third annual meeting of this Society was held in Philadelphia, at the hall of the College of Physicians, on the 25th, 26th, and 27th of September, 1878. Twenty-seven Fellows of the Society were present from different parts of the Union, principally from the States east of the Alleghanies. Although the association can date its birth no farther back than the Centennial year, it has, from the first, taken a position in the front rank of organizations devoted to special departments of medical science, its published transactions have met with a flattering reception and ready sale, and medical reviewers, with one accord, have spoken of them in terms of unqualified praise. The active membership is limited by organic law to sixty Fellows, and in order to maintain the high standard adopted, it is prescribed that each new aspirant for membership must accompany his application with an original paper upon some subject connected with gynæcology, which essay is examined and reported upon by a committee before the candidate can be balloted for. A few Honorary Fellows may also be chosen.

The programme for this meeting contained the titles of twenty-three papers, some of which were not reached when the hour for adjournment brought the session to a close. Those that were read may, almost without exception, be considered as valuable contributions to gynæcology, and the discussions upon them were of great practical interest. The meetings were largely attended, many of the physicians of this city availing themselves of the opportunity of being present during the proceedings.

The time of the Society being so largely occupied, during both the morning and afternoon sessions, by the literary and scientific exercises, but little opportunity was allowed for social entertainments; an attractive lunch was, however, provided at the close of each morning session, by several of our Philadelphia members who resided near the place of meeting. A reception at the residence of Prof. Goodell on Wednesday evening, and a dinner at St. George's Hall given by the Obstetrical Society on Thursday evening, were the public entertainments.

FIRST DAY.

The meeting was called to order by Dr. Goodell, first vice-president, at 10.30 A.M., and a brief address of welcome was delivered by Dr. A. H. Smith. After the calling of the roll, the secretary announced the names of a number of guests, who were invited to take part in the discussions.

Dr. J. C. Reeve read a report of a multipara, in which rupture of the perineum took place without implication of the vulva, the labor being otherwise uncomplicated, but very rapid. Prompt attention during the early

stages of labor, and the application of the forceps where indicated, will generally prevent this accident, which occurs most frequently in primipara, or in others where cicatricial bands exist in the lower portion of the vaginal wall.

Prof. White advocated lateral incisions in the perineum where laceration is threatened.

"The Surgical Treatment of Stenosis of the Cervix Uteri," a voluminous article of 250 pages, by Dr. J. Marion Sims, of New York, was presented and extracts read from it by the secretary. The author advocated Simpson's *bilateral* incisions of the cervix in those cases of anteflexion, complicated by stenosis, where the lips of the uterus are not relatively changed by inflammation. Sims's operation of *antero posterior* incisions, however, is urged where the posterior lip is thickened and elongated. A glass plug is inserted after the operation, and the vagina tamponed. The patient keeps her bed for several days, as pelvic cellulitis may appear on the fifth or sixth day, and Dr. Wilson, of Baltimore, in the discussion of the paper, reported a death on the fourteenth day. Dr. Sims had operated upon nearly a thousand cases and had two deaths.

Dr. Elwood Wilson, of Philadelphia, did not favor the operation described. He had found simple dilatation to accomplish all that is desired, with less risk.

Dr. Noeggerath pointed out the fact that while these incisions are intended to strengthen the canal of the cervix in a case of anteflexion of the second degree, they fail to accomplish this, which he demonstrated by a diagram. They also invade the parenchyma of the uterus where there are lymphatic vessels and glands, and may thus lead to septic poisoning. He believed that most of the cases reported cured were, in reality, only temporarily relieved.

Dr. Fordyce Barker had encountered at least a hundred cases where this operation had been ineffectually performed for the relief of the condition referred to, and was cognizant of nearly a score of deaths from it which had never been published. He believed that precise rules for the recognition of cases requiring this operation are still wanting, although it has been before the profession for nearly thirty three years.

Dr. Emmett formerly had performed this operation very often, but his observation had taught him, where the flexion occurs above the plane of vaginal junction, that it is generally the expression of trouble elsewhere. If the condition result from pelvic cellulitis or adhesions, the operation will fail to give more than merely temporary relief.

"A Case of Extra-Uterine Pregnancy, with Discharge of Fœtal Bones through the Bladder," was reported by Prof. White, of Buffalo. The patient was not married, and the symptoms at first were those of dysmenorrhœa and menorrhagia. In May, 1875, this condition had existed several months, and Dr. White, being called in consultation, detected an indistinct tumor in the left iliac region, perceptible also in the vagina, which was thought to be a hæmatocele, pregnancy not being suspected. A puncture was made with the exploring needle, which brought away a few drops of a light, straw-colored fluid. Severe peritonitis followed the operation, but after it subsided the tumor was scarcely perceptible, but the clear fluid continued to come away for some time, as if a vesico-vaginal fistula had been established. In December the patient complained of vesical pain and tenesmus, and upon examination a bone was found at the urethra, and during the next three months small bones were frequently discharged, some of which were coated with calcareous deposit. The discharge of fœtal bones through the bladder was declared to be a comparatively rare accident. The case illustrates the truth of Dr. Parry's statement, that cases of extra-uterine fœtation should be left alone, as they do better if left to nature than when attacked with the knife.

Dr. John C. Atlee remarked, as an exception to this rule, that where there is danger threatening to the mother, an operation becomes necessary. He reported a case successfully operated upon by Dr. W. F. Atlee, of this city. He insisted that the placenta in such cases must not be interfered with by the surgeon, but the cord should be tied, cut short, and dropped into the abdomen.

A case of "Head and Foot Presentation in which a Fracture of the Spine occurred in Utero," was made the subject of a paper by Dr. Johnson, of Washington. In a similar instance of head and foot presentation, but complicated by placenta prævia, Prof. Penrose had succeeded in effecting version by placing a fillet around the presenting ankle and making traction upon it at the same time that the head was being pushed upward.

"The Necessity for Early Delivery, as demonstrated by the Analysis of One Hundred and Sixty-one Cases of Vesico-Vaginal Fistula," by Dr. T. A. Emmett, of New York, was a paper of great practical importance, demonstrating the danger of delay in the second stage of labor, and the value of the forceps in cases of impaction in the excavation. He laid down the rule, that when the head ceases to recede after each pain, the forceps should be applied. He had never seen a case where vesico-vaginal fistula was directly attributable to the use of the forceps.

In the discussion upon the paper, it was highly praised by Dr. Fordyce Barker, who said that the danger from the use of the forceps in competent hands has been greatly over-estimated. The importance of evacuating the bladder before artificial delivery must always be remembered. Dr. Penrose believed that the most valuable point in this

paper was that the author had defined with precision the exact period when the forceps should be applied. The head only ceases to recede when it has become impacted in the canal. Drs. Atlee, A. H. Smith, James P. White, Goodell, and others, spoke in commendation of the forceps where judiciously and skilfully used, but condemned their ignorant application as leading to injury, and often to lacerations, of the cervix uteri. Dr. Storer, of Boston, had not met with a rupture of the perineum where the forceps had not been employed; but in the hands of experienced men it was generally admitted that tearing of the perineum may be prevented in many cases by the forceps, which give the operator control of the head. Where the head is impacted and the bladder distended, Dr. Barker recommended the use of the aspirator.

(To be continued.)

REVIEWS AND BOOK NOTICES.

Deterioration and Race Education. By Samuel Royce. Boston, Lee & Sheppard, 1878.

Sympathizing as we do heartily in the aims of this volume, and believing also in the value of some of the proposed remedies for "Race Deterioration," it is with great regret that we are forced to the conclusion that a little of the classical education which is so ridiculed in the book would have enabled its author to forge a much more efficient weapon of warfare. To think clearly, to state succinctly, to go forward steadily to the goal, and to be very careful as to asserted facts,—these essentials to the writer who would influence the world are canons too frequently honored in the breach and ignored in the observance by our earnest author.

The first part of the book is devoted to a statistical proving of the deterioration of the race. If there be any one language specially dear to the heart of the father of lies, it, we have long thought, must be that of statistics, so universal, so particular; so positive, so facile; so clear, so deceptive; so toilsome, so easy. Nevertheless, when we see, by the lurid glow of such facts as "that Asia has its 200,000 of blind people," that the race is rapidly deteriorating, and remember the accuracy of the blue-books of Thibet, the labors of the private secretary of the Khan of Tartary, and the vast researches of the ophthalmological mandarins of Pekin, we can do naught but bow our heads and say, Allah is great, and the pessimist is his prophet.

Seriously, we do not believe the race is deteriorating, physically or morally, but we do believe that there is in it a vast capability of improvement, and that the one mission for which the God-Man died and the highest manhood now lives is the elevation of the individual and the race. We therefore welcome every effort at progress, saying, let us weigh honestly and judge calmly every proffered remedy for existent evils.

The measures of cure proposed by Mr. Royce are the institution by the government of infant Kindergarten schools, the conversion of all women into Kindergarten teachers, and the carrying on of the Kindergarten education by training-schools of applied science and art.

New enterprises started at once upon a grand scale have, in our limited experience, failed so often that we have no confidence in them. It is the efforts commenced in modest but earnest diffidence, which, growing as the knowledge of the need and the experience how to meet it grow, reach a natural development of age, strength, and size. Kindergartens and schools of industry seem to have the germ of vast good in them, though they be not the immediate precursors of the millennium; and we therefore watch with the greatest interest their growth throughout the country, and do believe that little by little, more and more, they should be made a part of our common-school education, nourished aud sustained by general taxation.

GLEANINGS FROM EXCHANGES.

Goître and the Hemorrhagic Tendency (*The British Medical Journal*, June 29, 1878).—Dr. R. Bruce Low, who resides in a district where goître abounds, has, after many observations, come to the following conclusions:

1. The water-supply in limestone districts has a powerful influence in deterioriating the blood, causing dyspepsia, anæmia, and a want of contractile power in the blood-vessels, as shown by the development of goître and tendency to hemorrhages, more especially flooding in childbed.

2. Goître and the hemorrhagic tendency are aggravated, and sometimes even produced, by certain conditions: *e.g.*, overcrowding, bad ventilation, and damp dwellings.

3. Pregnancy assists in the development of goître and the hemorrhagic tendency.

4. The predisposition to goître and "flooding" is affected by consanguinity and heredity.

5. The best treatment for both conditions is change of locality, and the prolonged administration of some preparation of iron.

Case of Foreign Body in the Bladder (*Transactions of the Rhode Island Medical Society*, 1878).—Dr. Timothy Newell reports the case of a man, æt. 39, who came to his office with inability to pass his water. He had suffered from stricture of the urethra for several years. On the night before, on going

to bed, he introduced into the urethra a No. 1 gum-elastic catheter, put a small bit of a match into the orifice of the catheter to keep the water from dribbling away, and went to sleep. On awaking in the morning the catheter was nowhere to be found. He concluded that it had passed up the urethra. On examining the penis, Dr. Newell thought he could feel the catheter about midway of the urethra. Not having urethral forceps at hand, he spent some little time in endeavoring to obtain them, and on returning to his office found that from some cause the catheter had passed down the urethra nearly or quite into the bladder, for he could pass a gum-elastic bougie freely along the urethra to the prostatic portions, and water came quite freely. Under the circumstances it was not thought wise to make efforts to remove the catheter then. Very little inconvenience was felt from the presence of the catheter in the bladder until, on the evening of the fourth day after its introduction, an obstruction was felt in the urethra and a disposition to strain. Severe and prolonged efforts at straining were kept up for nearly three hours, when, to the very great relief of the patient, catheter and urine flew several feet out of the urethra. The catheter was in the bladder a little over ninety-six hours, and was, when expelled, covered with calcareous deposits.

Neuro-Retinitis from Inflammation of the Dura Mater (*The New York Medical Journal*, September, 1878).—Dr. C. G. Hubbard reports the case of a woman, æt. 40, who for some years before coming under his observation had been affected with a gradually-increasing dimness of vision, accompanied by intense pain and tenderness over the right parietal region. These symptoms passed suddenly into those of acute cerebral meningitis, and necessitated very active treatment for their relief. During convalescence there were excessive local pain and tension of the scalp over the same region. Cantharidal blisters were repeatedly applied, but their vesicant effect was only produced after a half-dozen unsuccessful trials, the temperature of the scalp during this time being excessively high. Dr. Hubbard deduces from this and other cases the following "practical lessons."

1. Where it is difficult to make a blister draw, a blister is much needed; the longer a blister discharges—other things being equal—the more good it does.

2. If bromide of potassium be given to relieve the engorged condition of the cerebral vessels, it should be given in large and often-repeated doses.

3. In giving stimulants in exhaustion give all that is needed, without reference to the amount.

4. Dry heat is a powerful stimulant; in collapse it is the sheet-anchor. It will affect an inactive kidney more quickly than any medicine.

5. Iodide of potassium has a wonderful power over chronic inflammation of the cerebral meninges.

High Temperature before and after Death from Yellow Fever (*New Orleans Medical and Surgical Journal*, September, 1878).—Dr. C. S. Mercier reports the case of a German woman who was admitted to the Charity Hospital with well-marked symptoms of yellow fever and who died a few hours afterwards. Two hours before death the temperature in the axilla was 111° Fahr. At the time of the autopsy, five hours after death, a thermometer placed in the axilla indicated 105.5°, and another in the hypogastric region, after an incision had been made through the abdominal walls, recorded 109°.

Death from Vomiting during Ether Anæsthesia.—The *Liverpool Daily Post* records a case occurring at the Northern Hospital, in which vomited matters found their way into the windpipe and caused rapidly fatal asphyxia. Shortly after the administration of ether the patient commenced to vomit, and it was subsequently found that a portion of the vomit went into the windpipe and lungs. The windpipe was opened, and every effort was made to save the man's life, but in vain. —*British Medical Journal.*

MISCELLANY.

Dr. Carl Warburg.—In a letter to the *Times*, Surgeon-General W. C. Maclean, M.D., states that, according to the Sanitary Commissioner of Madras, malarial fevers in India destroy on an average twice as many people as smallpox, cholera, and all other epidemic causes put together; and that in their treatment he has found no remedy so effective as the combination of quinine that exists in Warburg's tincture. There is, in Dr. Maclean's opinion, an overwhelming amount of evidence to this effect. He states, however, that Dr. Warburg, who gave the formula for his tincture to Dr. Maclean, and consented to its publication, is now in deplorable circumstances. Those persons "who advised him to publish his secret hoped that Government would so far reward him as to purchase their supplies from him, and thus enable him 'to keep the wolf from his door.' This has not been done, and, far from having derived any benefit from the publication of his formula, he has been ruined by it."—*British Medical Journal.*

The Largest Plant in the World.—We are accustomed to regard the great trees of California as the most gigantic specimens of vegetable growths known to man; but such is not the case. There is a submarine plant growing in the North Pacific Ocean which, according to Prof. Reinsch, dwarfs all others in its vast proportions. The *Macrocystis pyrifera*, one of the *Melanospermæ*, has been known to grow to such an extent as to cover

vast areas of the ocean bed. One specimen by measurement was found to *cover three square miles*, and the stem from which the growth proceeded was eight feet in diameter.

DIAGNOSIS OF THORACIC ANEURISM.—Surgeon-Major W. S. Oliver employs the following plan: Place the patient in the erect position, and direct him to close his mouth and elevate his chin to the fullest extent, then grasp the cricoid cartilage between the finger and thumb, and use gentle upward pressure on it, when, if dilatation or aneurism exist, the pulsation of the aorta will be distinctly felt transmitted through the trachea to the hand. The act of examination will increase laryngeal distress should this accompany the disease.—*London Lancet.*

NO STIMULANTS.—*The Doctor* says that the other day a physician, to a patient inquiring, "What ought I to take or to do when my feelings of exhaustion come on?" replied, "Go and lie down, like any other beast."

CHARLES LAMB'S opinion of hydropathy: "It is neither new nor wonderful; for it is as old as the deluge, which, in my opinion, killed more than it cured."

A CHEAP AND GOOD PREPARED GLUE.—Dissolve common glue in cider vinegar as thick as may be wanted; as it becomes thick from time to time add vinegar.

DR. HENRY TIZARD details (*British Medical Journal*, September 21) a case of recovery after the ingestion of one hundred and sixty grains of chloral with suicidal intent.

TWO HUNDRED AND TWENTY-SEVEN fatal accidents are stated to have occurred last year in the London streets.

MR. N. S. FOSTER (*London Lancet*, September 21) has found the hypodermic injection of ergotin advantageous in apoplexy.

AT a recent date twenty-five per cent. of the English troops stationed in Cyprus were ill.

THE following is the number of deaths, etc., among the military doctors and their assistants during the Turco-Russian war:

	Sick.	Died.	Wounded.	Killed.
Doctors	692	94	2	...
Assistants	1915	217	28	13
Apothecaries	48	5	...	...
Veterinary surgeons	30	5	...	...

NOTES AND QUERIES.

EAST BETHLEHEM, WASHINGTON CO., PA.

EDITOR PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—About two years ago I gave you a detailed account of several failures to cure diphtheria with well-known remedies. I might now considerably enlarge the list of remedies that will not cure in those malignant cases which it is our misfortune to meet. And if we know what not to rely upon, would that not aid us in finding something that might be a benefit in those cases? I think that chlor. potass. may be of some value in this disease, and yet I could not affirm to even this in open court. By the way, let me say, as Prof. Gross used to remark, "I speak advisedly, gentlemen," having had a large experience in this disease. Tincture of iron is a failure. Monsel's solution as a local application will not answer. Sulphur will not do. Aromatic sulphuric acid and quinine will not answer. Hydrarg. bichlor. and hydrarg. chlor. mit., the last recommended by Dr. Reiter, of Pittsburg, Pa, are probably of little account, although I have not yet given Dr. Reiter's favorite remedy a fair trial. And I think carbolic acid is almost useless. I could further enlarge this list, and no doubt my brother-practitioners could extend it much more. Why should we not experiment more? It cannot make the disease much worse in those horrible malignant cases. And may we not in time, by a process of eliminating the non-cures, arrive at the real antidote? Young doctors are ready to give a remedy, whilst the older members of the profession are more slow in advising any particular drug. Some are hopeful, saying, "I was not called in soon enough," or "The patient would not take the remedy," or stating more truly, "It was a very peculiar case." Do not think I am a grumbler. I am proud of the past achievements of our noble predecessors, and think I can now feel the coming event that will cast no shadow before.

Let us try on intelligently and work for the desired end; but at the same time for our own benefit let us be honest and acknowledge to ourselves, at least, our inability to cure this disease. Our microscopists class this as a parasitic disease. And it appears to be the case in all nature that one animal is created to prey upon another, or one plant to live upon another; but I could hardly say in this particular case that there was always a "survival of the fittest."

According to Malthus, nature will not permit of the crowding of human beings very closely, at least not without proper sanitary regulation. Such being the case, this disease may be a legitimate effort to get rid of a surplus population.

Taking this view, our remedy must be in the ounce of prevention which is worth so many pounds of cure. In investigating this disease we should ask, Does it attack children more frequently than adults? and, if so, why? Does it attack man exclusive of all other animals? and, if so, why? Why should one case be so much more fatal than another? Will we ever treat this disease as well as we do malarial poisons? I would like to say more upon this subject, but shall conclude this article for the present.

Truly yours,

W. G. COTTON, M.D.

September 30, 1878.

EDITOR PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—My friend Dr. Levis, when going round with me at St. Bartholomew's, saw several specimens of his extension apparatus in action, and his visit reminds me that I have not written to you, as had been my intention, respecting a notice of this apparatus which appeared in the *Philadelphia Medical Times* of May 25. I wished to add my testimony as to the great usefulness of the appliance. So far back as 1874, Dr. Levis was so kind as to supply me with a sample, and I have ever since employed it, and on a large scale, for the purpose of weight-extension. It is one of the most serviceable amongst the many excellent appliances for which we are indebted to American surgery.

I am faithfully yours,

JOSEPH CALLENDER, F.R.S.

7 QUEEN ANNE STREET, September 16, 1878.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 22 TO OCTOBER 5, 1878.

RANDOLPH, J. F., MAJOR AND SURGEON.—Granted leave of absence for six months, on account of sickness, to take effect October 1, 1878. S. O. 207, A. G. O., September 25, 1878.

HEIZMANN, C. L., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort Vancouver, W. T. S. O. 115, Department of the Columbia, September 14, 1878.

AINSWORTH, F. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To accompany troops from California to Camp McDowell, A. T., and then report to the Commanding Officer Department of Arizona for orders. S. O. 141, Division of the Pacific and Department of California, September 14, 1878.

GRAY, W. W., FIRST-LIEUTENANT AND ASSISTANT SURGEON.—When relieved by Assistant-Surgeon Heizmann, to report for duty at Fort Colville, W. T. S. O. 115, C. S., Department of the Columbia.

CHERBONNIER, A. V., CAPTAIN AND MEDICAL STOREKEEPER.—Granted leave of absence for one month. S. O. 213, A. G. O., October 3, 1878.

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It affords, therefore, the *very best* mode of administering

IRON

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The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German, French, and American Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases), and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

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If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

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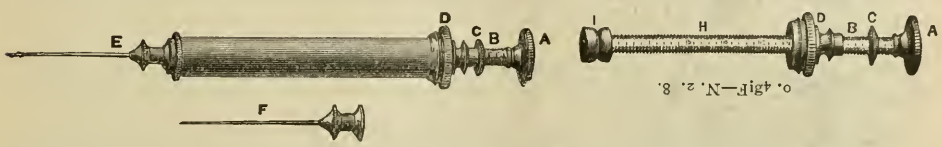

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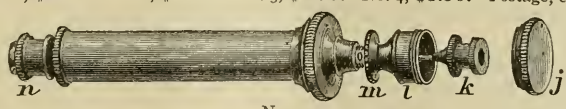

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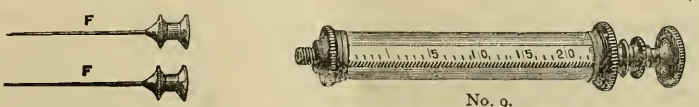

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[*Extract from letter of* DR. T. J. WILLIAMSON, *of Cincinnati, Ohio, of Nov. 21, 1877.*]

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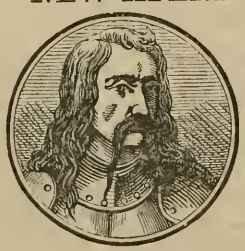

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